

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90020 034 ***150.00

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1. Corporation Name

JASPER WYMAN & SON CO.

Principal Place of Business

MAIN ST.
MILBRIDGE MN 04658

Mailing Address

PO BOX 100 MAIN ST
MILBRIDGE MN 04658
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1996

4. FEI Number

01-0343273

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME VD
DOUDOUMPOULOS, ELIZABETH W
STREET ADDRESS 2900 29TH ST., N.W.
CITY-ST-ZIP WASHINGTON DC 20008

TITLE ☐ DELETE

NAME D
DOUDOUMPOULOS, ALEXANDER MD
STREET ADDRESS 2900 29TH ST., N.W.
CITY-ST-ZIP WASHINGTON DC 20008

TITLE ☐ DELETE

NAME D
WILKINSON, A W
STREET ADDRESS 6 SANDHILL DR.
CITY-ST-ZIP BRUNSWICK ME 04011

TITLE ☐ DELETE

NAME D
GELSTHORPE, EDWARD
STREET ADDRESS 50 SOUTH ST., BOX 857
CITY-ST-ZIP EAST DENNIS MA 02641

TITLE ☐ DELETE

NAME D
O'DONNELL, JOHN F
STREET ADDRESS 1140 7TH CT., #H
CITY-ST-ZIP VERO BEACH FL 32960

TITLE ☐ DELETE

NAME D
WILKINSON, JOHN
STREET ADDRESS 96 MAIN ST.
CITY-ST-ZIP NATICK MA 01760

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME P
Edward Flanagan
1.3 STREET ADDRESS 90 High Ridge Road
1.4 CITY-ST-ZIP Boxford, MA 01921

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME V
Gary Willey
2.3 STREET ADDRESS Main Street
2.4 CITY-ST-ZIP Milbridge, ME 04658

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/12/99

Daytime Phone #

207-546-2311

CR2E034 (11/98)